1		· Eff	ective Oc	DETERN Hober 1, 2	AINA 003	TION REC	OR			10,	/5	07(	
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7	1,010	(Column 1)		(Column 2) (Column 3)									
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<b>"</b>  -		-/
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR ADDIT, FEE ON "HIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Tetal or Independent) is the highest number found in the appropriate box in column 1.												

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